

# Board of Pharmacy Meeting

## Learning Assessment and Program Evaluation

Name:	Credential Number:
Mailing Address:	Date of Attendance: <div style="float: right;"> <input type="checkbox"/> Morning Session  <input type="checkbox"/> Afternoon Session </div>

		<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Does Not Apply</b>	<b>Comments</b>
1.	I learned more about the Board of Pharmacy (BOP).							
2.	I understand more about the BOP administrative process.							
3.	This meeting was helpful and relevant to my practice needs							
4.	This meeting assisted me in achieving my personal goals and objectives							
5.	This meeting will help me improve patient care							
6.	The information I learned today will be helpful and relevant to my career.							
7.	The topics were relevant to practice and the material current.							
8.	The meeting objective was met.							
9.	Suggestions for future presentations of this training.							

Evaluation forms may be mailed to: Washington State Board of Pharmacy, PO Box 47863, Olympia WA 98504 or sent via email to: [WSBOP@doh.wa.gov](mailto:WSBOP@doh.wa.gov)